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**AMSTERDAM**  
**FAST-TRACK CITIES 2023**

**No Child Left Behind!**  
eThekweni District AIDS Council  
empowerment of community through  
collaboration, coordination, and  
capacitation of civil society to  
operationalize the **Sevilla Declaration**  
for the benefit of children

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## ***Special thanks...***

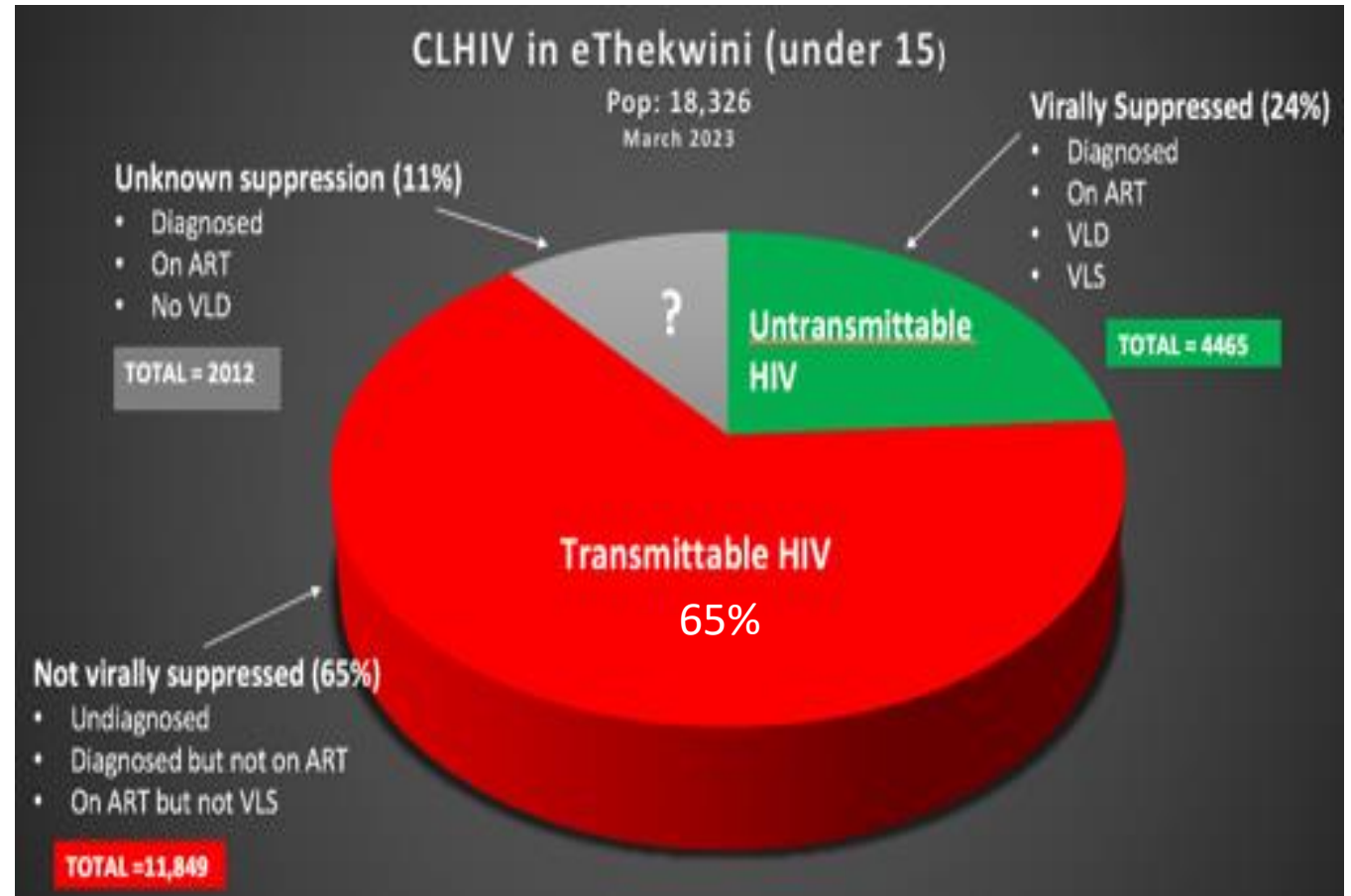
***To all the members of PLHIV sector who are braving the challenges of speaking out for destigmatization of HIV and finding and caring for the CLHIV, especially the “born withs” and the moms who tell their stories...***

# Introduction

- Only **52%** of the world's children living with HIV (CLHIV) are on HIV treatment (**eThekwini = 53%**)
- South Africa has joined the **Global Alliance for Ending AIDS in Children by 2030**.
- Four pillars of the Alliance work:
  1. Early testing and optimized treatment
  2. Closing the treatment gap for pregnant and breastfeeding women LHIV
  3. Preventing/detecting new HIV infections among pregnant and breastfeeding women and adolescents
  4. Addressing rights, gender equality and the **social and structural barriers** that hinder access to services

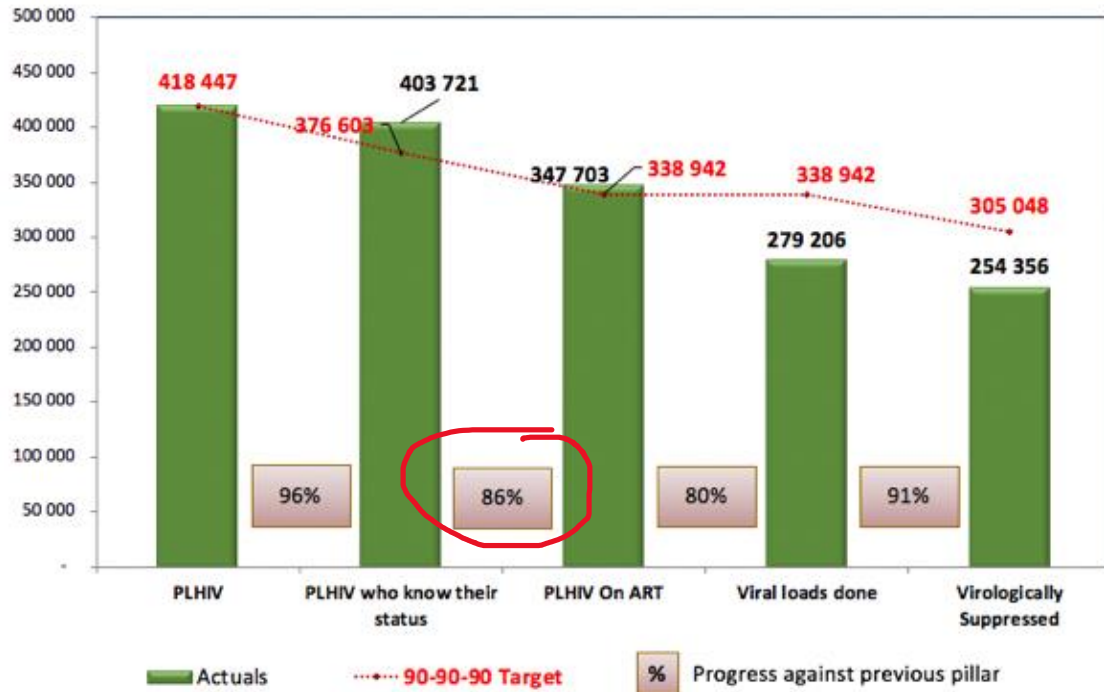
# Children Living with HIV - eThekweni

eThekweni Population: 3,5m  
Population under 15 (30%): 1+m  
Population of PLHIV: 686 951  
Population of CLHIV: 18 326  
Transmittable HIV (CLHIV): 65%

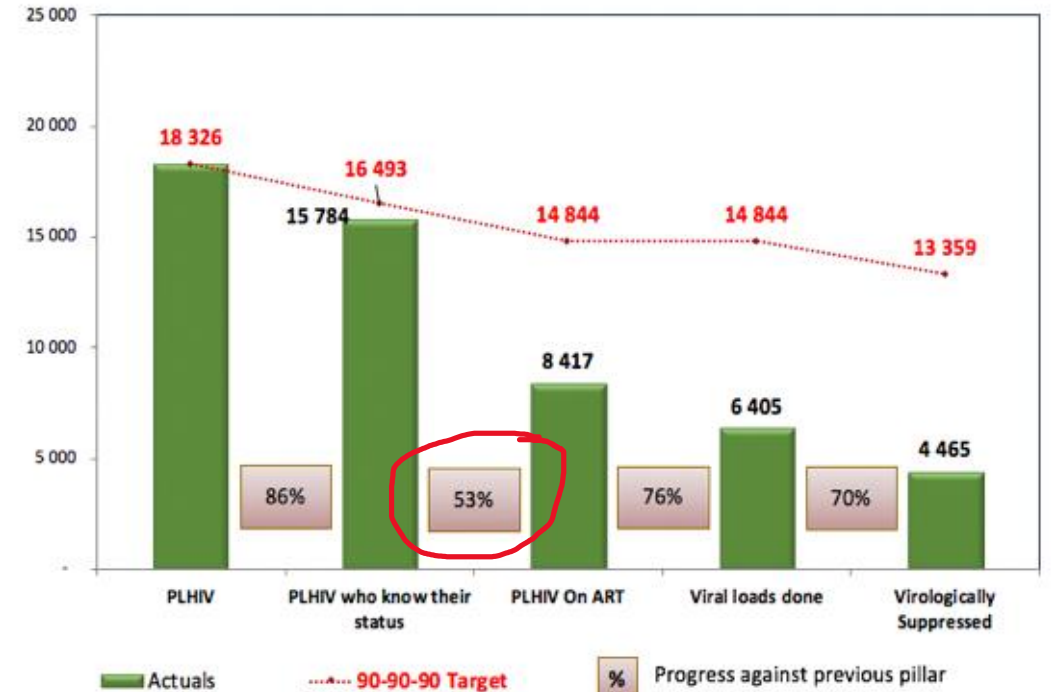


# FLHIV vs CLHIV - eThekweni

90-90-90 Cascade - Adult Females  
eThekweni (Mar 2023) - Public & Private sector  
Total FLHIV: 418 447



90-90-90 Cascade - Children (<15)  
eThekweni (Mar 2023) - Public & Private sector  
Total CLHIV: 18 326



86% on ART

53% on ART

Why this gap?



# Why are CLHIV left behind? What to do?

## Revelations from support groups of people living with HIV (PLHIV)

- CLHIV will be left behind until we address mental health issues and provide quality ***psychosocial support for caregivers***
  - Fear of disclosing HIV status (frequently raised)
  - Caregivers “self-blame” for CLHIV infected in the womb
  - PLHIV caregivers are overwhelmed (cry a lot)
  - Many difficulties in their lives, challenges, frustrations

# Leadership: Mayoral Commitment

Problem not new – CLHIV issues for years - various initiatives

- 2022: Mayor Kaunda committed to linking 3000 CLHIV to care (FTC)
- Laying the ground work:
  - Jan 2023: Mayor Kaunda signed the **Sevilla Declaration**
  - Commitment to community capacitation and PLHIV leadership
- Challenges:
  - No functional children's sector (many years)
  - Low community awareness of CLHIV issues
  - Poor collaboration among relevant partners and service providers
  - Lack of psychosocial support for PLHIV (internalized stigma, lack of disclosure, need for linkage to care)
- Need:
  - coordinated collaborative multisectoral efforts to raise awareness and reach/link CLHIV in communities
  - support groups for PLHIV, CLHIV, and adolescents with quality psychosocial support



Mayor Mxolisi Kaunda



# Activities Implemented

- Support Groups for PLHIV (including CLHIV) established and strengthened
- Coordinated collaboration: “United Sectors”
  - **Government departments + Civil Society** (Depts of Health, Social Development, Education + PLHIV, Children, Women, NGO, and Faith sectors)
- Building Capacity and Community Awareness
  - Ward AIDS Committee trainings - dialogue stigma/disclosure
  - Capacitation of “United Sectors”
  - Capacitation of Support Group facilitators
- Introduced **Sevilla Declaration** to stakeholders
  - engaged on relevance to CLHIV
  - developed a **children’s focused Sevilla Declaration** to support the Mayor’s initiative for CLHIV



Raising community awareness, building capacity



Talking with ECD Practitioners about the children left behind



# Commitments for Children

## (Sevilla Declaration)

1. Safeguard the dignity and rights of communities affected by HIV, TB, and viral hepatitis, and other health conditions, **including children, adolescents, and their caregivers.**
2. Meet the UN goals for community-led HIV, TB, and viral hepatitis responses **including those pertaining to children, adolescents, and their caregivers.**
3. Include community representation at all stages of our HIV, TB, and viral hepatitis responses **including those who represent the voices of children, adolescents, and their caregivers.**
4. Facilitate community-led monitoring of our HIV, TB, and viral hepatitis responses, **including those interventions pertaining to children, adolescents, and their caregivers.**
5. Improve transparency and communication to facilitate community participation, **including participation of those representing children, adolescents, and their caregivers.**
6. Develop outreach strategies to identify and reach all community stakeholders **including those who are interested in the health and wellbeing of children, adolescents, and their caregivers.**
7. Support community health workers, peer leaders, and others close to our communities **including those who work with children, adolescents, and their caregivers.**
8. Work to eliminate stigma and discrimination against and within our diverse communities **including against children, adolescents, and their caregivers.**
9. Connect our local communities to the global HIV, TB, and viral hepatitis networks for sharing and learning to improve health and wellness outcomes **for children, adolescents, and their caregivers.**
10. Report annually on progress in relation to placing communities at the centre of our work **including the community of children, adolescents, and their caregivers.**

**Children and adolescents will not be left behind in eThekweni's HIV response!**

# Lessons Learned/Successes (1)

## Collaboration (“United Sectors”):

- provided platforms for sharing data, strategies and interventions
- Databases and social media facilitated communication
- Children’s Sector leaders were elected and embraced by all
- Civil Society leaders began sector collaboration toward common goals for CLHIV

## Capacitation:

- Children’s Sector and PLHIV Sector leaders were included in DOH workshop on paediatrics
- IAPAC trained children’s sector and PLHIV leaders to facilitate a Conversation Map tool (sparked dialogues about CLHIV left behind)
- Stakeholders are keen to learn and improve skills for the benefit of the children



NACCW Child & Youth Care Workers



eThekweni Children’s Sector leaders



DoH Paeds Workshop

# Lessons Learned/Successes (2)

## Commitment:

- Greater relationships between DoH, DSD, and civil society (especially PLHIV and children's sectors) – keen to collaborate for CLHIV
- “United Sectors” understood and are willing to support the Mayor’s call - widely adopted the **Sevilla Declaration** as adapted for children
- A formal declaration document and signing will take place later this year

## Successes:

- **Thirteen** high impact health facilities re-established support groups – requested support of PLHIV and children's sectors
- Stigma and other mental health and psychosocial issues discussed in support groups
- Facility staff report **improvement in viral suppression** rates since PLHIV have come to facilitate support groups



Leaders learning and making commitments



DoH staff welcome PLHIV facilitation of support groups



Helpful tool

# Staying in HIV Care

## The Path to U=U (Undetectable = Untransmittable) Conversation Map™

**WHAT IS HIV?**  
HIV is a virus that attacks cells that help the body fight infections. If left untreated, HIV can lead to AIDS. No HIV cure exists. By taking HIV medicines, or antiretroviral therapy (ART), HIV can be controlled. People living with HIV who achieve viral suppression on their ART can live long, healthy lives and prevent transmitting the virus to their sexual partners.

**WHAT IS ART?**  
Antiretroviral therapy (ART) is a combination of drugs to effectively treat HIV.  
• Successful ART leads to viral suppression, or a level of virus in the blood that is "undetectable."  
• When ART is taken as prescribed and viral suppression is achieved, it can help:  
• Slow disease progression, including opportunistic infections  
• Prevent HIV transmission to sexual partners, known as U=U  
• Prevent HIV from being passed to a fetus during pregnancy  
• ART is simple to take, highly effective, and has few to no side effects.  
• ART is available in most health facilities and out-tree in many countries.

**WHY IT MATTERS**  
Average Lifespan of...  
A person without HIV: Near-Normal Lifespan  
A person living with HIV diagnosed at age 20 taking current HIV medicines: 32 Years  
A person living with HIV diagnosed at age 20 NOT taking current HIV medicines: 32 Years

**REASONS FOR DROPPING OUT OF HIV CARE**

**FEELINGS & EMOTIONS**  
Frustration, Anger, Overwhelmed, Scared, Embarrassment

**FACTORS FOR SUCCESS:**  
• U=U: people with HIV who achieve and maintain an undetectable viral load (amount of HIV in the blood) by taking antiretroviral therapy (ART) daily as directed cannot sexually transmit the virus to others.  
• "Near-Normal" Life Expectancy  
• Decrease in Mother-to-Child Transmission  
• Adherence Tools  
• Good Relationship Between Care Provider and Client  
• Peer Navigators  
• Welcoming, Friendly, Non-Judgmental and Stigma-Free Environments  
• Communication Technology  
• Integrated Health Services  
• Community Center  
• Delivering HIV Care Where People Live  
• Transport Assistance

**CHALLENGES:**  
• MYTHS  
• DENIAL  
• Frustration  
• Anger  
• Overwhelmed  
• Scared  
• Embarrassment  
• FOREST OF CONFUSION

**OBSTACLES:**  
• Need Help? Emotional Support Centers  
• CLEARING A PATH TO ACCESS  
• Improved Quality of Life

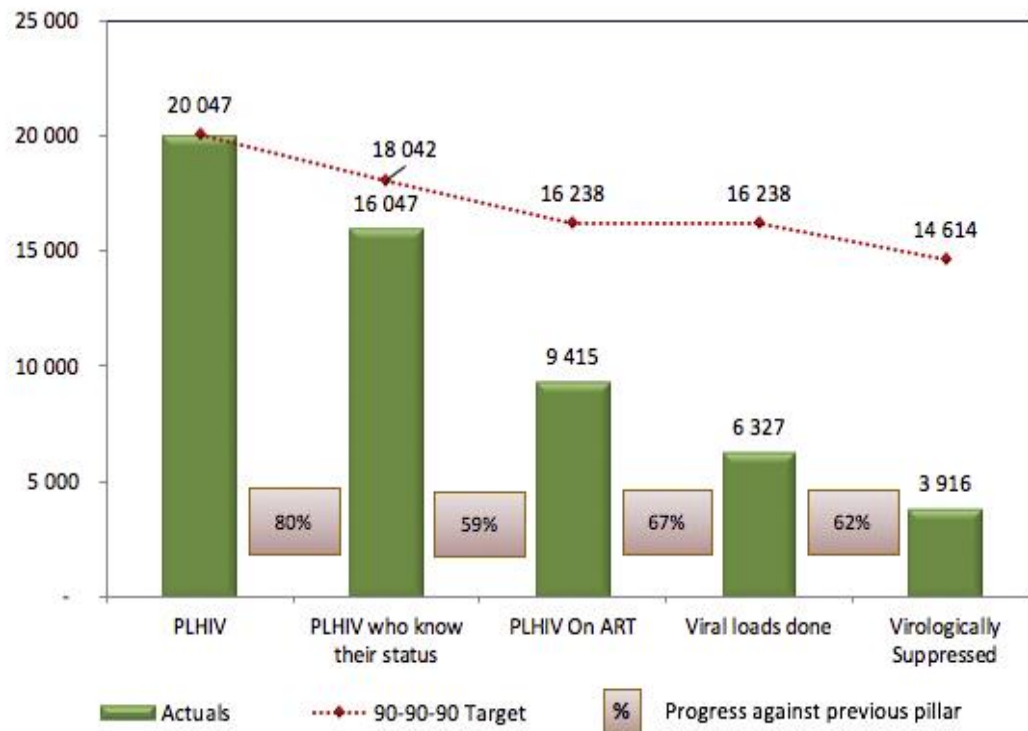
**GOALS:**  
• SUCCESS

**SPONSORS:** IAPAC, FAST TRACK CITIES, UNAIDS, health Interactions, USAID, PEPFAR

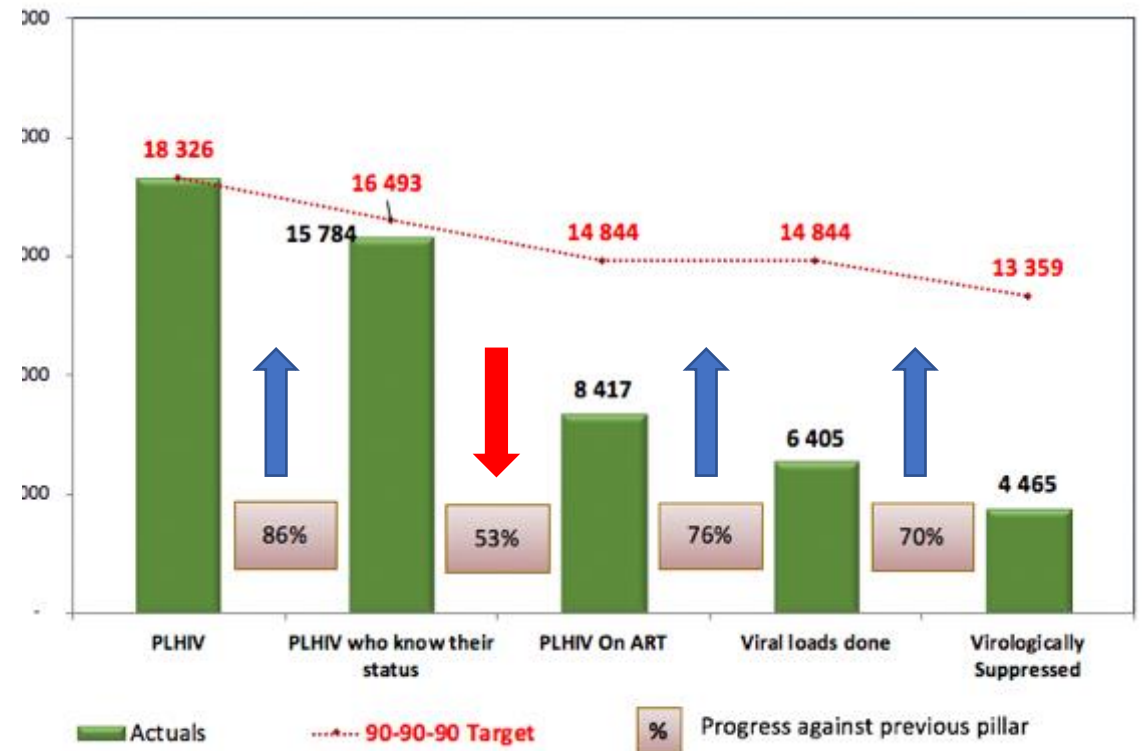


# Impact (2022 vs 2023)

90-90-90 Cascade - Children (<15)  
eThekweni (Mar 2022) - Public & Private sector



90-90-90 Cascade - Children (<15)  
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# Recommendations

- Municipal AIDS Councils should:
  - facilitate **sector development**, collaboration, and coordination for effective CLHIV response
  - foster **mutual ownership** of issues through increased communication and partnership between Civil Society and government
  - establish and capacitate **support groups** by and for PLHIV and CLHIV for psychosocial support

Motivate, empower, and collaborate to operationalize the **Sevilla Declaration for CLHIV!**



The future is bright when young people living with HIV have support!

